

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 7, 2025

[REDACTED], AUTHORIZED REPRESENTATIVE
CAPITOL OPERATOR LLC
[REDACTED]
[REDACTED]

RE: THE TERRACES AT CAPITOL VILLAGE
4004 LINGLESTOWN ROAD
HARRISBURG, PA, 17112
LICENSE/COC#: 33798

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2025, 01/23/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE TERRACES AT CAPITOL VILLAGE License #: 33798 License Expiration: 06/01/2025
Address: 4004 LINGLESTOWN ROAD, HARRISBURG, PA 17112
County: DAUPHIN Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: CAPITOL OPERATOR LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-2 Date: 12/17/2001 Issued By: Lower Paxton Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 01/23/2025

Inspection Dates and Department Representative

01/22/2025 - On-Site: [Redacted]
01/23/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 64	Residents Served: 58		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 9			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 58		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 10	Have Physical Disability: 1		

Inspections / Reviews

01/22/2025 - Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/14/2025

Inspections / Reviews *(continued)*

02/18/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/05/2025

03/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 01/22/2025, at 10:15AM and again at 11:30 AM, an agent of the Department requested access to complete staff records for Staff Members A, B, and C. Staff records were provided to agents of the Department at 11:43AM. However, the records for Staff Member A, B, and C were incomplete and the remaining documents were not received until approximately 1:50PM.

Plan of Correction

Accept (█) - 02/18/2025)

- 1. Executive Director cannot retroactively correct providing immediate access to the records.
- 2. The Executive Director will provide education to the HR Director on the required items to be contained in the record that the department requests by 2/17/25,
- 3. The HR Director will audit all employee files to ensure completeness by 2/28/25.
- 4. The Executive Director will audit Newly Hired Employee files weekly for four weeks following general orientation to assure completeness starting 3/1/25.
- 5. Executive Director will report findings at April Quality Managment Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented (█) - 03/07/2025)

100b - Removal Snow/Obstructions

2. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/22/2025 at 10:27AM, there was snow and ice covering the exit pathway from the home's northern courtyard.

On 1/22/2025 at 10:32AM, there was snow and ice covering the exit from the west stairwell by Room 110.

Plan of Correction

Accept (█) - 02/18/2025)

- 1. Executive Director instructed Maintenance Supervisor to clear exit path in the home's northern courtyard and the exit from the west stairwell by Room 110 on 1/22/2025.
- 2. Executive Director will provide education to the Maintenance Supervisor on ensuring ice, snow, and obstructions are removed from outside walkways, ramps, steps, recreational areas, and exterior exit pathways by 2/14/25.
- 3.Executive Director will audit exit paths 3 times per week and when there are episodes of snow for 4 weeks beginning on 2/1/25.

100b - Removal Snow/Obstructions (continued)

4. Executive Director will report findings at April Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 02/18/2025

Implemented (█) - 03/07/2025

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 1/23/2025 at approximately 11:52AM, a white, rectangular pill with the inscription "220" was observed to be loose in the 3rd floor medication cart.

Plan of Correction

Accept (█) - 02/18/2025

1. On 1/23/25 Wellness Director immediately removed the white, rectangular pill with inscription "220" and destroyed the medication.
2. Wellness Director will conduct full med cart audits on 1/24/25 to verify that all medications are stored correctly.
3. Wellness Director will conduct re-education of Med Techs and LPN's on Proper Use and Storage of Medications completed by 2/28/25.
4. Wellness Director will conduct weekly audits x 1 months of Med Carts to monitor compliance of medication storage beginning 2/17/25.
5. Executive Director will report findings at April Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█) - 03/07/2025

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

On 1/23/2025, the pharmacy label for Resident #1's Donepezil does not include the current instructions for administration. The pharmacy label includes instructions to take 1 tab by mouth once daily at bedtime. However, the current physician's order states to give 1 tablet by mouth one time a day and is administered at 8:00AM per the resident's Medication Administration Record.

184a - Resident's Meds Labeled (continued)

On 1/23/2025, the pharmacy label for Resident #1's Quetiapine does not include the current instructions for administration. The pharmacy label includes instructions to take 1 tablet by mouth once daily at bedtime (2000). However, the current physician's order states to take 1 tablet by mouth once daily in the evening (1800).

On 1/23/2025, the pharmacy label for Resident #2's Refresh tears does not include the current instructions for administration. The pharmacy label includes instructions to instill 1 drop into both eyes every 6 hours as needed. However, the current physician's order states to instill 1 drop into both eyes every 12 hours as needed.

On 1/23/2025, the pharmacy label for Resident #2's Acidophilus Caps (Florastor) does not include the current instructions for administration. The pharmacy label includes instructions to take 1 capsule by mouth twice daily indefinitely. However, the current physician's order states to give 100mg two times a day for 14 days.

On 1/23/2025, the pharmacy label for Resident #2's Hydralazine does not include the current instructions for administration. The pharmacy label includes instructions to take 1 tab by mouth every 8 hours as needed if systolic blood pressure is greater than 180mmHg and not due for scheduled dose. However, the current physician's order states to give 1 tablet by mouth every 8 hours as needed for elevated blood pressure do not give if scheduled for routine dose.

Plan of Correction

Accept (█) - 02/18/2025

1. On 1/23/25 Wellness Director added a sticker to Resident #1's Donepezil to reflect change in instruction to follow the physician order as indicated on the Medication Administration Record.
2. On 1/23/25 Wellness Director added a sticker to Resident #1's Quetiapine to reflect change in instruction to follow the physician order as indicated on the Medication Administration Record.
3. On 1/23/25 Wellness Director add sticker to Resident #2's Hydralazine to reflect change in instruction to follow the physician order as indicated on the Medication Administration Record.
4. Wellness Director will provide education to Med Tech's and LPN's assure medication labels match physician orders by 2/28/25.
7. Wellness Director will audit all physician orders compared to pharmacy labels and assure the pharmacy label has proper indication of the correct instruction by 2/28/25.
8. Wellness Director will randomly audit new orders 1x per week for 4 weeks to assure compliance beginning 3/1/25.
9. Executive Director will report findings at April Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented (█) - 03/07/2025

185a - Implement Storage Procedures**5. Requirements**

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #4 utilizes a Freestyle Libre sensor. On 1/23/2025, the reader did not show the blood glucose readings between 1/8/2025 and 1/22/2025. There were no blood glucose readings between 1/8/2025 and 1/16/2025 in the back-up glucometer used for the resident.

On 1/20/2024 at 8:00 PM, Resident #4 has a blood glucose level of 117 recorded on the Medication Administration Record. However, this reading is not found in the glucometer.

On 1/22/2024 at 7:14AM, Resident #4 has a blood glucose level of 260 recorded on the Medication Administration Record. The glucometer reading was 257.

On 1/22/2024 at 12:00 PM, Resident #4 has a blood glucose level of 288 recorded on the Medication Administration Record. However, this reading is not found in the glucometer.

Repeated Violation - 2/7/2024, et al

Plan of Correction

Accept (█ - 02/18/2025)

1. The Executive Director determined Resident#4 backup glucometer was taken out of service due to error on 1/17/25, therefore recordings were not present on the current backup glucometer at time of inspection. This cannot be retroactively corrected. Executive Director cannot retroactively correct the identified missing glucometer readings on 1/20/25 or 1/22/25.
2. The Wellness Director struck resident #4's 1/22/25 blood glucose level documented on the Medication Administration Record as 260, and entered the correct reading of 257.
3. Wellness Director will audit all resident with blood glucose monitoring current February Medication Administration records and compare the corresponding glucometer readings to assure there are no further documentation errors by 2/28/25.
4. Wellness director will provide re-education to Med Tech's and LPN's on implementing procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons to specifically include care and handling of glucometers and recording on the MAR by 2/28/25.
5. Wellness Director will assign daily glucometer to MAR audits to night shift Med Tech beginning 2/14/25 as a measure to monitor.
6. Wellness Director will review the daily audits glucometer to MAR audits weekly for accuracy and compliance one time per week for four weeks beginning 2/17/25.
7. Executive Director will report findings at April Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█ - 03/07/2025)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (*continued*)

- If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The most recent medical evaluation for Resident #3, dated [REDACTED], indicates the resident is immobile and requires moderate physical or oral assistance to evacuate in an emergency. The resident's most recent assessment and support plan, dated [REDACTED] indicates that the resident is mobile and requires minimal/limited physical or oral assistance to evacuate in an emergency. The plan does not include updates to reflect the resident's change in mobility needs.

Plan of Correction

Accept ([REDACTED] - 02/18/2025)

- On 1/25/25, Wellness Director made update to Resident #3's 1/30/24 RASP to reflect Quality Assurance review to correct the resident's mobility status to indicate that [REDACTED] is presently determined to be immobile.
- Executive Director provided re-education to Wellness Director on assuring resident assessments and support plans accurately reflect the resident's current needs for mobility on 1/27/25.
- Wellness Director will audit all resident most recent RASP's compared to medical evaluations to assure mobility status is accurately reflected to be completed by 2/28/25.
- Executive Director will audit initial, annual, and significant change RASP's beginning 2/17/25 weekly for four weeks to assure accuracy of the RASP.
- Executive Director will report findings at April Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented ([REDACTED] - 03/07/2025)

251b - Record Entries Legible

7. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

A hand-written entry was made to Resident #5's most recent assessment and support plan dated [REDACTED] to add a mechanical soft diet ordered for the resident. A hand-written entry was made to Resident #2's most recent assessment and support plan dated [REDACTED] to include the resident's diet. A hand-written entry was made to Resident #6's most recent medical evaluation dated 3/27/2024 to correct the resident's mobility needs. Lastly, a hand-written entry was made to Resident #6's most recent assessment and support plan to include the resident's diet. These entries were not dated and signed by the person making the entry and did not include a key that indicates the full name, title, and signature of the person.

Plan of Correction

Accept ([REDACTED] - 02/18/2025)

- Executive Director cannot retroactively correct Resident 5, 2, and 6 records.
- Wellness Director will review Resident #5's [REDACTED] RASP, Resident #2's RASP [REDACTED] 4, and Resident #6 most recent RASP and DME to review accuracy and document a quality assurance review conducted by 2/17/25 and the wellness director will date, sign, and include full name, and title.
- Executive Director will re-educate Wellness Director and LPN who assist with completion of DME's and RASP's to

251b - Record Entries Legible (continued)

include education on the expectation of entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry by 2/17/25.

4. Wellness Director will audit all current RASP's and DME's to identify any further handwritten entries accurately reflect the resident current needs, and provide a Quality Assurance Review completed with full name, title, and signature by 2/28/25.

5.Executive Director will report findings at April Quality Managment Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented ([REDACTED] - 03/07/2025)